

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: MEDICAL DEVICE SYSTEM WITH RELAYING  
MODULE FOR TREATMENT OF NERVOUS  
SYSTEM DISORDERS

Attorney Docket Number:: 011738.00136

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 33

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: T.  
Family Name:: Rise  
Name Suffix::  
City of Residence:: Monticello  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 7745 Aetna Avenue, NE  
City of mailing address:: Monticello  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55362

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: The Netherlands  
Status:: Full Capacity  
Given Name:: Adrianus  
Middle Name:: P.  
Family Name:: Donders  
Name Suffix::  
City of Residence::  
State or Province of Residence:: Switzerland  
Country of Residence:: The Netherlands  
Street of mailing address:: Chemin Champs Rosset 3  
CH1297 Founex  
City of mailing address::  
State or Province of mailing address:: Switzerland  
Country of mailing address:: The Netherlands  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Scott  
 Middle Name:: F.  
 Family Name:: Schaffner  
 Name Suffix::  
 City of Residence:: Austin  
 State or Province of Residence:: TX  
 Country of Residence:: US  
 Street of mailing address:: 10602 Showboat Cove  
 City of mailing address:: Austin  
 State or Province of mailing address:: TX  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 78730

### Correspondence Information

Correspondence Customer Number:: 22908

### Representative Information

Representative Customer Number:: 22908

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/503,792	09/19/03
This Application	Non-Provisional of	60/418,628	10/15/02

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: Medtronic, Inc.  
Street of mailing address:: 710 Medtronic Parkway, NE  
MS-LC340  
City of mailing address:: Minneapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55432